From:	Travassos, Michelle L. </O=CVSCAREMARK/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MLTRAVASSOS>
To:	Jain, Amit; Signes, Stephen
Sent:	4/23/2015 4:01:31 PM
Subject:	FW: Red Flags Charter
Attachments:	Controlled Substance Mgt - Project Charter.docx

Amit,
From what I could see on this SharePoint site, the charter that originally contained the red flag functionality project that Stephen and I worked on is not there, even in the older versions. I've attached the latest I had in hard copy and was wondering if this might be the last version prior to the "Red Flags" being pulled out?

Thanks,
Michelle

From: Signes, Stephen
Sent: Wednesday, April 22, 2015 9:28 AM
To: Travassos, Michelle L.
Subject: FW: Red Flags Charter

Michelle,

This is what Amit sent.
Thanks,
Stephen

From: Jain, Amit
Sent: Tuesday, April 21, 2015 11:43 PM
To: Signes, Stephen
Subject: RE: Red Flags Charter

Stephen,

Here is the link to R14 Sharepoint subsite:

http://sharepoint/sites/epms_projects_site/Release%2014/Shared%20Documents/Forms/AllItems.aspx?View=%7b22DE88B3%2dE930%2d468F%2dACBF%2dE644CA742E67%7d

Let me know if you are unable to access it. I can then email you the required documents.

Regards,
Amit

From: Signes, Stephen
Sent: Tuesday, April 21, 2015 9:31 AM
To: Jain, Amit
Subject: Red Flags Charter

Hello Amit,

Our project "Controlled Substance Management – Red Flags" was not rolled out into production, but we had gone through nearly the whole process to define the project. It looks like the sharepoint site that hosted the documents is unavailable. Do you know if the documents are hosted somewhere and available for review? Currently, I would like to review the most recent Charter, but would also like access to the final requirement documents as well.

Thanks,
Stephen

Stephen Signes, RPh |♥CVS Health | Professional Practices |Phone: 401-770-5907 I Fax: 401-216-3677 I 1 CVS Drive, Woonsocket, RI 02895 |
Stephen.Signes@CVSCaremark.com

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Controlled Substance Management – Enhanced RxConnect Workflow

Project Charter

Version 0.01
Version Date: 06/21/2013

Author: A. Jain

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Controlled Substance Management – Enhanced RxConnect Workflow

Revision History

Version	Date	Initials	Changes
0.01	06/21/2013	A. Jain	Initial Draft

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Controlled Substance Management – Enhanced RxConnect Workflow

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Controlled Substance Management – Enhanced RxConnect Workflow

Project Charter

1   Purpose/Audience

The purpose of the Project Charter is to document the reasons for undertaking of Controlled Substance Management (CSM) project, the objectives of the project; risks, assumptions and constraints; the scope and deliverables; the project approach; estimated effort and key stakeholders.

The intended audience is the Business Sponsor, the Business-side Project Lead and all IS key stakeholders as determined by the Project Manager.

This document will specifically address the scope of work for RxConnect and all other areas impacted. For example, RxData Warehouse & POS.

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Controlled Substance Management – Enhanced RxConnect Workflow

2 Executive Summary

2.1 Background

In past, several change requests have come from recent Federal and State regulatory activity **Redacted Attorney-Client**

Redacted Attorney-Client

- These were being addressed promptly as possible – but we could do a much better job if we did this holistically rather than as six individual efforts with multiple phases on each.
- We are trying to force them to fit into the BSR process and as such we are building multi-BSR phased approaches, compromising their size and scope to fit into a BSR
- By doing this there is a risk of focusing our solution to narrowly or de-scoping something important in order to fit it into the BSR size and timeline constraints.
- Also to address them as quickly as possible, while balancing our other work, we are rushing through requirements with multiple stakeholders and varied BAs raising consistency / quality concerns.

- ## Redacted Attorney-Client

- In addition, approaching these items this way is not fair to the overall 2013 BSR budget. As it will be nearly consumed by these items.
- We would be much better served to fund a project, staff it properly, do a holistic review of the regulations, get it prioritized and deliver it as a single deliverable than one off solutions.
- Even if this means re-ordering projects already on the roadmap we should look at doing this as a focused project rather than 6+ BSRs
- These are all significant efforts on their own – drawing them together may be a better approach and provide better synergies lessening the overall effort.

These requests will now be addressed together as an individual effort being part of the CSM project and will have following benefits:

- holistic review of the regulations

- better approach and provide better synergies lessening the overall effort

- better and easy decision making

- quality end product

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Controlled Substance Management – Enhanced RxConnect Workflow

2.2 Description

The CSM project will build upon and modify existing RxConnect application that will support key workflow changes to insure compliance with regulations.
Solutions will be introduced to:

1. Flag/Alert/block situations of concern

2. Capturing feedback – RPh decision and documentation

3. Schedule outreach to the prescriber in situations of concern

4. Communicate with customers when unable to fill

5. Create a standard, scalable model for ranking and displaying messages by criticality

6. Create a feedback loop within RxConnect

7. Feed RxDW for Reporting

Key areas in support of the solutioning phase

KEY AREAS	SOLUTION

• Workflow – Flag/Alert/block situations of concern	• Provide alert/block during fulfilment process, e.g.
	  – a high-dosage
	  – a combination of drugs,
	  – an out of state doctor
	  – an out of state patient
	  – through review of fill behaviour on the RxDW.
	  – centrally set a block on certain patients
	• Provide ability to schedule an outreach to the prescriber when a block is hit
	• Ability to access PDMP data from various state and drug via verification [via NABP]
	• Ability to require additional data be collected to get past a block - like capture a note, outcome, diagnosis etc
	• Provide New Action Notes to message patients when we are unable to fill an Rx due to a block

• Admin – Provide extra controls	• Ability to configure and manage alerts, blocks etc.
• Feeds – Down Stream System	• Ability to log and feed another system when a block is hit. Example Compliance's Archer system • Ability to send additional data, collected to get past a block, to RxDW - like capture a note, outcome, diagnosis etc

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Controlled Substance Management – Enhanced RxConnect Workflow

2.3 Relationship to Other Projects

The following initiatives have a business impact to or are impacted by Controlled Substance Management.

Project / Initiative	Timeline	Enhancements	Impact to CSM
Digital Strategy	2013	Provide Online Rx management tools via .com and mobile platforms that will: • Drive timely script refills and increase script consolidations • Build customers, engagement and customer value • Targeting and pre-qualifying patients for Online Rx Management enrolment.	Enhancements in Digital Strategy might influence CSM decisions: • Targeting and pre-qualifying patients for Online Rx Management (consider blocked patients) • Refill Reminders for blocked patients • Generic Substitution requests (Patient/Prescriber blocks) • Visibility of Order Status of prescriptions (blocked prescriptions)
Integrated Specialty 1	2013	Visibility to Enterprise patient profile e.g. Specialty and Mail Order. Intake of Specialty prescriptions and enhancements to Transfer functionality	CSM will leverage the Enterprise patient profile functionality.

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MCI 2	2014	Based upon business-rule criteria, provide patients and team members the ability to automate the transfer of a prescription to another fulfilment site within the enterprise • Prescriptions can be pushed to another site • Prescriptions can be pulled from another site	Leverage Enterprise patient profile for Regulatory checks.
RTS Enhancement	2013	The Enhanced RTS Project will introduce system enhancements to the RxConnect application that will support key operational changes to help solve challenges regarding RTS processes	Possibly impact creating RTS inventory for any CS drug of concern.

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Controlled Substance Management – Enhanced RxConnect Workflow

3   Objectives and Success Criteria

3.1 Objectives

The objectives for the *CSM* project are to develop a set of Controlled Substances Management features that will:

    3.1.1   Raise Awareness

    3.1.2   Capture Documentation

    3.1.3   Provide extra Controls

    3.1.4   Enhancements to Regulatory Compliance

3.2 Success Criteria

Based upon the objectives, the success criteria for the *CSM* project are:

Raise Awareness	Decrease in the number of stores flagging high risk behaviour on controlled substances.
Capture Documentation	Decrease in the number of stores flagging high risk behaviour on controlled substances.
Provide extra control	Ability to configure and prioritize alerts / blocks
Enhancements to Regulatory Compliance	Better system support to pharmacy staff members during prescription fulfilment process and decrease in number of regulatory investigations.

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3.3 Business Needs / Capabilities

Based upon the objectives (*refer to section 3.1*), the following represent the high-level business needs for the Controlled Substance Management project are:

No.	Business Need Text	Source Name	Priority H, M, L	Business Objective
	Functional Capabilities			

3.3.1	**Fulfillment – Alerts/Blocks**
	
	Changes to fulfillment process to alert/block situations of concern - could be patient, prescriber, drug specific or prescription.
	
	Alert/Block
	• may be detected real-time
	  o An example real-time alert/block may be a fill for a high-dosage, or a combination of drugs, or an out of state doctor, or an out of state patient.
	• could be set from backend analysis and sent to the stores
	  o An example backend analysis alert/block is through review of fill behaviour on the RxDW, certain prescribers or patients may be flagged for blocks
		Nicole Harrington	H	3.1.1, 3.1.3

3.3.2	**Patient Block** Ability to centrally set a block on certain patients (will need to come up with criteria to prevent even if re-added i.e. insurance, DOB, etc)	Nicole Harrington	H	3.1.1, 3.1.3
3.3.3	**Feed RxConnect** RxDW ability to feed RxConnect to block patients.	Nicole Harrington	H	3.1.1, 3.1.3
3.3.4	**Patient Communication** Add new Action Notes to message patients when we are unable to fill an Rx due to a block	Nicole Harrington	H	3.1.1, 3.1.2, 3.1.3

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No.	Business Need Text	Source Name	Priority H, M, L	Business Objective
3.3.5	**Hard Copy alert/block** • Prompting at Verification when no Hard Copy exists for a Controlled Substance • Configurability	Nicole Harrington	H	3.1.1, 3.1.3
3.3.6	**Types of Alerts/Blocks** Several types of alerts/blocks • complete block • block with ability override • silent logging of an alert	Nicole Harrington	H	3.1.1, 3.1.3
3.3.7	**Capture Alerts/Blocks Documentation** Ability to require additional data be collected to get past a block - like capture a note, outcome, diagnosis etc	Nicole Harrington	H	3.1.2
3.3.8	**Prescriber Outreach** Ability to schedule an outreach to the prescriber via QV when a block is hit	Nicole Harrington	H	3.1.1, 3.1.3
3.3.9	**Feed RxDW** Ability to send additional data, collected to get past a block, to RxDW - like capture a note, outcome, diagnosis etc	Nicole Harrington	H	3.1.2
3.3.10	**Feed Archer** Ability to log and feed another system when • a block is set • a block is hit i.e. Compliance's Archer system may need to know when we place a block on a prescriber and then every time we hit that block.	Nicole Harrington	M	3.1.1, 3.1.2, 3.1.3
3.3.11	**Configurability – Alerts/Blocks** Ability to configure and manage alerts, blocks etc.	Nicole Harrington	H	3.1.1, 3.1.3

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No.	Business Need Text	Source Name	Priority H, M, L	Business Objective
3.3.12	**Revised Controlled Substance Fax Forms** Become compliant by state by developing ~16 fax forms in RxConnect • RxConnect changes to re-enable the view / print feature of the ~16 forms • RxConnect to indicate to EasyLink which form to send • RxConnect to pass Store DEA# to EasyLink for inclusion on the form	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.13	**Inter-State Controlled Substance Laws** Came out of the review of NY Hydrocodone C3->C2 change in law • If Rx is written by State A prescriber and filled in any state – it must adhere to State A law • If Rx is fill in a different state and shipped to State A (CVS.com) – it must adhere to State A law • NRL stores considerations • Patient Address considerations • Configurability of state laws	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.14	**Border State CS Laws** • MA pharmacies can only fill controlled substance rx's written by MA prescribers and border state prescribers. • The system needs configurations to control this.	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.15	**Allowable Dosage / Days Supply** • Ability to configure the Allowable Dosage / Days Supply for controlled substances by state. • Ability to prompt the pharmacy staff member based on the configurations	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.16	**Early Fills** (Release 12) • **C02285** – Add features to prevent filling early fills	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4

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No.	Business Need Text	Source Name	Priority H, M, L	Business Objective
3.3.17	**Early Fills** • Max Days Supply Early for the life of prescription • Move the prompt from Verification to Data Entry • NRL state considerations • "% of use" consideration	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.18	**Handling DEA Class 1** (Release 12) • **C01784** – Add features to prevent filling of a C1 drug	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.19	**Drug DEA Class Schedule change** (Release 12) • **C02152** – Add features to prevent filling if drug DEA class scheduled changed	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.20	**Automatic State Overrides via FDB State Override File** (Release 12) • **C01791** – Ensure adherence as soon as a drug is overridden	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.21	**Drugs of Concerns** • "Drugs of Concerns" admin configurations by State and DEA Class • Changes to Rx Processing based on the configurations	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
3.3.22	**Auditable Events** • Logging Auditable Events wherever applicable	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4

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No.	Business Need Text	Source Name	Priority H, M, L	Business Objective
3.3.23	**ReadyFill** The ReadyFill Success Metric is calculated as the (# of Scripts Filled through ReadyFill)/(# of ReadyFill Eligible Scripts). The inclusion/exclusion lists that determine RF eligibility are maintained separately in RxConnect and RxDatawarehouse. Changes made to eligibility criteria in RxConnect do not flow through to RxDatawarehouse. This has caused discrepancies between scripts "prompted" as ReadyFill eligible in RxC and with scripts included as ReadyFill eligible in the metric. The current three stage process to bring the metric back into compliance is: (1) True up current lists (Therapeutic Class and Condor) (2) Create additional inclusion lists in RxDW (DEA and GCN) (3) Outline people process to communicate changes from RxC to RxDW • Create a permanent feed between RxConnect and RxDW to ensure that changes flow seamlessly between the two systems and are not subject to human error.	Nicole Harrington	H	
3.3.24	**Last physician used** Many scripts in Tx are rejecting when submitted to the state for controlled substance reporting. Stores are automatically choosing the last prescriber used or the most frequent from the help box provided. • Remove the ability of stores to automatically select the last physician used for controlled substances and force them to choose the MD.	Sophia Beaumariage	H	3.1.1, 3.1.3, 3.1.4
	Reporting Capabilities			
3.3.25	**External Reporting** • Weekly – Script flagging for Rx Supervisors • Dashboard for red flag / alert trending	Nicole Harrington	M	3.1.2

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| No.	Business Need Text	Source Name	Priority H, M, L	Business Objective
3.3.26	**Internal Reporting** • RxDW data capture of red flag / alert • Ability to retrieve and query data	Nicole Harrington	M	3.1.2

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4   Scope

4.1 In Scope

The following diagram represents the systems and business processes that are impacted by Controlled Substance Management and are within the context of this project.

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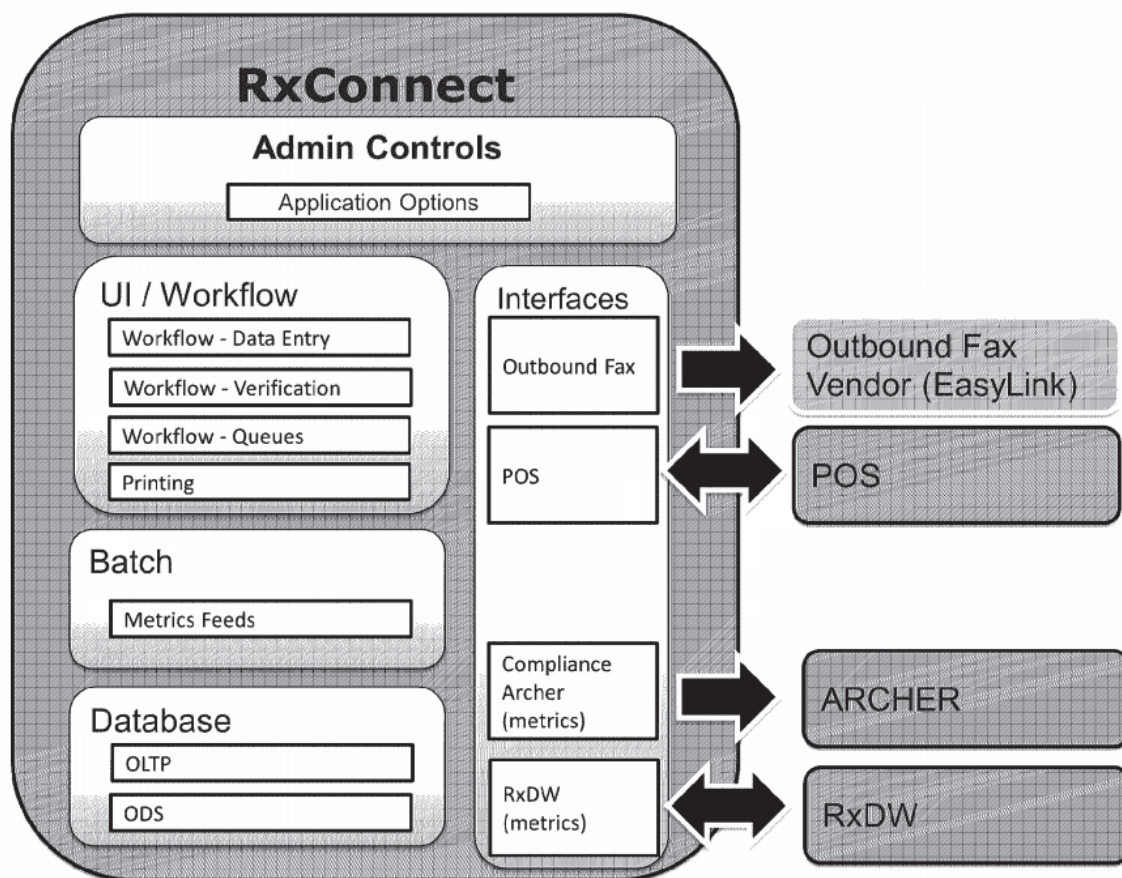
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In scope for this phase of the *Controlled Substance Management* project are:

4.1.1 RxConnect

4.1.1.1 Application Controls

- Alerts / Blocks configurations
- PDMP configurations
- New Action Notes configurations
- New Action Queue configurations
- Prescriber Outbound Contact configurations
- Drugs of Concern configurations
- Inter-State Controlled Substance configurations
- Border State Controlled Substance configurations
- Allowable Dosage / Days Supply configurations
- Modifications to Early Fill configurations
- Hard Copy Image Not Available configurations
- Recent Prescriber List configurations

4.1.1.2 UI / Workflow

- Workflow – Data Entry
  - Introduce new Alerts / Blocks
  - Check Patient's Profile in RxConnect and Enterprise Platforms
  - Real-time action note prompting & capture
- Workflow – Hard Copy scanning
  - Hard copy missing validation based on configurations
- Workflow – Queues (General)
  - Alerts/Blocks Pharmacist Items
  - New Prescriber Outbound Contact items
- Workflow – Production
  - No Changes
- Workflow – Verification
  - New Line Items for pharmacists in case Alerts/Blocks
  - Schedule prescriber outbound contact request Capture feedback – RPh decision and documentation
  - Real-time action note prompting & capture
  - Hard Copy Reject from Verification

4.1.1.3 Batch

- Metrics collection / feed
  - Feed attribution to RxDW
    - Alerts/Blocks attributes
    - Hard Copy missing attributes
  - Collect attribution from RxDW
    - Patient Blocks
  - Feed attribution to Archer system

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- Alerts/Blocks attributes
- Hard Copy missing attributes
- ReadyFill feed to RxDW
  - Feed attribution to RxDW for ReadyFill Exclusion / Inclusing list

4.1.1.4 Interfaces
- Outbound Fax
  - Ability to send Store DEA #
  - Ability to indicate if the drug is controlled or not

4.1.1.5 Database
- OLTP – add tables / attribution to support new functionality
- ODS – add tables / attribution to support metrics reporting

4.1.2 RxDW

4.1.2.1 Ability to retrieve and query data

4.1.3 Radar Store portal

4.1.3.1 Weekly – Script flagging for Rx Supervisors

4.1.3.2 Dashboard for red flag / alert trending

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4.2 Deliverables in Scope

The deliverables that will be produced by the *Controlled Substance Management* project are:

- New pharmacist items in Verification Queue (e.g. Early Fill review required items)

- Enhanced Corporate Admin application to provide configurations for controlled substance dispensing

- Enhanced RxConnect application to block situations of concerns

- Corporate-based Reporting / metrics produced via RxDW and delivered via Radar Store portal

- Feed to Archer System to better reporting for Compliance team

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4.3 Out of Scope

The following items are Not in Scope for the *Controlled Substance Management* project. Out of scope items may be considered in a future phase based on the Application Road Map.

RxConnect

- Changes to existing RxIVR functionality

- Changes to existing CVS.com functionality

- Changes to existing RxAim functions

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5 Risk, Assumptions and Constraints

5.1 Risk

The following risks have been identified and will be tracked and managed as part of the project Risk Management process.

- Quantity of work being requested within the timeframes defined may require adjustment to scope to insure delivery of a quality product

- Results of Controlled Substance Management pilot may result in a request change alter scope

5.2 Assumptions

The following assumptions exist for the *Controlled Substance Management* project:

- Operational processes for internal and in-store staff will require modifications to support new functionality – this will be handled by Rx Operations

- All newly defined processes and application behaviors comply with state and federal regulation

- Any known critical production defects impacting the functions that are within scope of this initiative will be fixed prior to *Controlled Substance Management* implementation

- Pharmacy reporting, financial or otherwise, will not be negatively impacted and will maintain integrity

- A steering committee will be organized to provide oversight to the project and govern future changes to scope

- Vendors are covered HIPAA entities therefore eligible to receive PHI

- New hardware will NOT be required for the implementation new functionalities

- Data Masking processes implemented in advance of this initiative will be followed for all test environments

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5.3 Constraints

Types of constraints to consider and determine if they are applicable to this project are:

Schedule

- Delays with implementation of RxC Release 11 could impact resource availability and delay / impact delivery dates

Cost

- Initial project estimates developed during the planning season will be revisited during the project planning phase once requirements are approved and baselined

Resource Availability

- Availability of resources to support the project lifecycle will be determined upon completion of approved requirements

Technology

- No known constraints at this time

Legal/Regulatory

- No known constraints at this time

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6 Project Approach

6.1 Project Categorization

Based on the Project Categorization assessment, this project has been assigned a Medium risk.

6.2 Plans and Practices

This project will follow the prescribed stage gate process for a Medium risk per the Software Engineering Process [SEP] Framework.

The Stage Gates Reviews that will be conducted for this project include:
- Planning and Scope Definition Readiness
- Architecture and Design Readiness
- Build Readiness
- Test Readiness
- Deploy Readiness

The Project Repository where the project documents and artifacts will be stored is <URL: http://sharepoint/sites/epms_projects_site/Release%2012%20subsite/Forms/AllItems.aspx>

In addition to the standard deliverables from the SEP framework, the following will be developed:

Project Plan
- The project manager will provide a project plan to the Sponsor no later than three weeks prior to completion of the initial PDS approvals

Procurement Management Plan / Approach
- A Procurement Management Approach (Plan) will be developed by the project manager and vendor management by a date determined in the project plan.

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7 Estimated Effort, Cost and Duration

7.1 Estimated Total Budget

The budget estimates for the project will be determined during the project planning phase after requirements are baselined and approved.

7.2 Benefits

The following benefits have been realized:
- Regulatory compliance

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7.3 Duration

The following preliminary high level schedule has been forecast. A more detailed project plan (schedule) with milestones will be developed during the Planning & Scope Definition phase of this project.

Phase	2013									2014								
	Q2			Q3			Q4			Q1			Q2			Q3		
	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Planning & Scope	▓	▓	▓															
Requirements & Analysis				▓	▓	▓												
Architecture & Design																		
Build																		
IT																		
System Test																		
UAT																		
Deploy														▓	▓			

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8 Project Organization

8.1 Key Stakeholders

- Business Sponsor – Mitch Betses, SVP, Retail Pharmacy Ops
- Key Stakeholder – Tom Davis, VP, Pharmacy Ops
- Business Director / Lead – Nicole J. Harrington, Director, Pharmacy Ops
- Business Director – Dikran Dakessian, Director, Pharmacy Ops Mgmt
- IS Sponsor – Dennis MacQuarrie, VP Retail Pharmacy Systems
- IS Business Analyst Manager – Adam Souza, Sr Manager, Business Analyst
- IS Business Analyst Lead – Amit Jain, Sr Consultant, Business Analyst
- Project Owner/Application Manager – Mark Stoeckel, Director, IT Pharmacy Systems
- Portfolio Delivery Manager – Raja Ramasamy, Sr Advisor,Project Management
- IS Project Manager – Nicole Mainville, Sr Advisor, Project Management
- IS Project Manager – Paul Marsh, Advisor, Project Management
- IS QA Manager – Marylou Lawson, Sr Manager, Quality Assurance
- Enterprise Architect – Aslam Merchant, Sr Advisor

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8.2 Project Team Structure

The following Roles and/or Individuals are either
- Key team members participating in the planning and scope definition phase
- Key roles that will be confirmed and sourced during the planning and scope definition phase

Key Roles for the *Controlled Substance Management* project include:

Name	Company / Business Unit	Role
Tom Davis	VP, Pharmacy Ops	Project Sponsor
Nicole Harrington	Director, Pharmacy Ops	Business Project Lead
Sophie Beaumariage	Manager, Pharmacy Ops	Business Project Lead
Michelle Travassos	Manager, Pharmacy Ops	Business Project Lead
Kunjal Vyas	Manager, Pharmacy Ops	Business Project Lead
Daniella Johnson	Manager, Pharmacy Ops	Business Project Lead
Raja Ramasamy	Sr Advisor,Project Management	Application Manager
Adam Souza	Sr Manager,Business Analysis	IS Business Analyst Mgr.
Nicole Mainville	Sr Advisor,Project Management	IS Project Manager
Paul Marsh	Advisor,Project Management	IS Project Manager
Amit Jain	Sr Consultant, Business Analysis	IT Business Analyst Lead

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9 Responsibility Assignment Matrix

The RACI chart is a type of Responsibility Assignment Matrix (RAM) and is used in Project Human Resources Management to identify key project responsibilities for a given activity.

Based upon the outcome of the Project Categorization Assessment (identification of Project Risk level), the following deliverables will be created for this project with the involvement of the designated key roles and individuals.

http://sharepoint/sites/epms_projects_site/Release%2012%20subsite/Forms/AllItems.aspx?RootFolder=%2fsites%2fepms%5fprojects%5fsite%2fRelease%2012%20subsite%2f01%2e%20Project%20Management&FolderCTID=&View=%7b84C4D8C4%2dBA35%2d41BC%2d84BD%2d52DBC8E17C67%7d

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10 Signoffs

The undersigned acknowledge they have reviewed the *Controlled Substance Management* Project Charter and agree with its contents. The Project Manager may proceed with execution of the project as per the information in this Project Charter.

Completion/signoff is required prior to the end of the Planning and Scope Definition phase.

Role	Name/Title	Date:
Project Sponsor	Tom Davis	
Business Director	Nicole Harrington	
Business Director	Dikran Dakessian	
Business Project Lead	Sophie Beaumariage	
Business Project Lead	Michelle Travassos	
Business Project Lead	Daniella Johnson	
Business Project Lead	Kunjal Vyas	
Portfolio Delivery Manager	Raja Ramasamy	
Application Manager	Mark Stoeckel	
IS Business Analyst Mgr.	Adam Souza	
IS Project Manager	Nicole Mainville	
IS Project Manager	Paul Marsh	
IT Business Analyst Lead	Amit Jain	

11 When Used

As specified by the SEP Framework Requirements Matrix, the Project Charter usage is designated for the following project category:
- High-Risk: Required
- **Medium-Risk: Required**
- Low-Risk: As-required

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